

Case Number:	CM14-0129581		
Date Assigned:	10/08/2014	Date of Injury:	08/05/2013
Decision Date:	11/04/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56-year-old woman who sustained a work injury on August 5, 2013 while pushing and pulling heavy security doors at work. She developed pain in the neck, right shoulder, right wrist with tingling in the arm and fingers. The neck and showed no deformity and pain keeps her up at night. She has a history of a gastric sleeve and avoids non-steroidal anti-inflammatories. She has a history of carpal tunnel release and ongoing 'tennis elbow' with recurrent elbow pain. Physical examination was notable for normal gait and full weight bearing of both lower extremities. There was no loss of cervical lordosis. There is no neck stiffness or splinting. The posterior cervical area is non-tender. There is neck muscle tenderness overlying the trapezius. There is no neck muscle tenderness overlying paracervical and sternocleidomastoid muscle groups. Range of motion of the neck is restricted. There is no deformity of the right shoulder joint and right clavicle. There is no tenderness over the right AC joint. There is no tenderness of the right upper extremity muscles. The right elbow is non-tender to palpation overlying the medial epicondyle, olecranon, and radial head. The right elbow is tender over the lateral epicondyle. The right wrist shows no deformity. The flexor surface of the right wrist is tender to palpation. The extensive surface is tender to palpation. There were no significant neurologic abnormalities on physical examination. Cervical spine x-rays were normal. Right shoulder x-rays showed a narrow joint space but were otherwise normal. Right elbow x-rays and right wrist x-rays were normal. The diagnoses are pain in right elbow; spring/sprain wrist and hand; pain in neck (cervicalgia); and sprain/strain right shoulder. Prior treatments to date included medications, physical therapy, and injections.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Terocin Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: The use of a Terocin patch is not medically necessary. The use of the Terocin patch is largely experimental with few randomized trials to determine efficacy or safety. Additionally, there is little to no research to support the use of this agent. Any compounded product, Terocin patch (lidocaine plus menthol), that contains at least one drug that is not recommended is not recommended. The combination drug is therefore not recommended. The medical record does not document any medical conditions or comorbid problems that prevent the use of oral medications. Additionally, the record does not indicate whether the patient exhausted the use of over-the-counter preparations. Consequently, the use of the Terocin patch is not medically necessary.

Sumatriptan Succinate 25mg #9 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head chapter, Triptan section

Decision rationale: The use of Sumatriptan is not medically necessary. The Official Disability Guidelines (ODG), Head Chapter, Triptans section, is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). No section of the MTUS was relevant to the issue in dispute. The ODG, Head Chapter, Triptan section states, in part, the Triptin drugs are recommended for migraine sufferers. All oral Triptans, at market doses are effective and well tolerated. Review of the medical record documentation, however, indicates the patient did not complain of headache. Headaches were mentioned one time in one of the handwritten progress notes. There were no specific facts regarding the pattern of headache, timing of headache or distribution of headaches. The use of Sumatriptan is not medically necessary.